

Department of Mental Health

HOPE

OPPORTUNITY

COMMUNITY INCLUSION



Fiscal Year 2013



The Department of Mental health logo features four triangles connected to form one triangle. The middle triangle represents the almost 180,000 Missourians served each year by the department. These individuals receive services from the Division of Alcohol and Drug Abuse, which is represented by the Red triangle; the Division of Comprehensive Psychiatric Services, Blue triangle; and the Division of Developmental Disabilities, Yellow triangle. The Department of Mental Health is dedicated to providing Missourians affected by mental illness, substance abuse and addictions, compulsive gambling, and developmental disabilities the services they need to live successfully and pursue their dreams.

August 2012



Mission

**Prevention, Treatment, and
Promotion of Public Understanding**
for Missourians with mental illnesses,
developmental disabilities, and addictions.

Vision

Hope ▼ Opportunity ▼ Community Inclusion

*Missourians receiving mental health services will have the
opportunity to pursue their dreams and live their lives as
valued members of their communities.*

Values



**Community
Inclusion**

Missourians who participate in mental health services are welcomed and equally included in education, work, housing, and social opportunities in their communities.



**Accessible, Safe,
Affordable, and
Integrated Services**

Missourians with mental health needs easily access safe, affordable, and integrated medical and behavioral services.



**Partners in
Personal Service
Design**

Missourians participating in mental health services are active partners in designing their services and supports.



**Effectiveness
Measured by
Participant Outcomes**

The effectiveness of Missouri's mental health services is measured by meaningful outcomes experienced by the people receiving them.



**Valued and
Motivated Staff**

Missourians receive mental health services from competent, motivated, and highly valued staff serving as effective stewards of the public trust.



**Prevention and
Early Intervention**

Emphasizing prevention and early intervention strategies avoids or minimizes the mental health problems of Missourians.



**Respected Unique
Participant
Characteristics**

Missourians participating in mental health services are valued for their uniqueness and diversity and respected without regard to age, ethnicity, gender, race, religion, sexual orientation, or socio-economic condition.

Missouri Department of Mental Health



Mental Health Commission

Kathy A. Carter
Four Seasons

Gary Duncan
Joplin

Stephen Roling
Kansas City

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Herculaneum

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Organization Overview

Though its functions date back to 1847, the Missouri Department of Mental Health was first established as a cabinet-level state agency by the Omnibus State Government Reorganization Act, effective July 1, 1974.

State law provides three principal missions for the department: (1) the prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance abuse, and compulsive gambling.

MENTAL HEALTH COMMISSION

The Mental Health Commission, composed of seven members, appoints the director of the Department of Mental Health with the confirmation of the state Senate. The commissioners are appointed to four-year terms by the governor, again with the confirmation of the state Senate. The commissioners serve as the principal policy advisers to the department director.

The commission, by law, must include individuals who represent Missourians with mental illness, developmental disabilities, and alcohol and drug abuse problems and who have expertise in general business matters. Current commissioners are listed on page three.

The Department of Mental Health is organizationally comprised of three program divisions that serve more than 170,000 Missourians annually. They are:

| <u>DIVISION</u> | <u>STAFF</u> <i>(Full Time Equivalent FTE)</i> | <u>FY 13 BUDGET</u> <i>(All Sources)</i> |
|------------------------------------------|---------------------------------------------------|---------------------------------------------|
| Alcohol and Drug Abuse (ADA) | 90.07 | \$122,855,642 |
| Comprehensive Psychiatric Services (CPS) | 3,686.46 | \$506,464,515 |
| Developmental Disabilities (DD) | 3,484.47 | \$733,021,965 |

Several support units assist the department and division directors in implementing DMH's programs and services. They include:

1. Audit, Licensure, Records Management, Investigations, Quality Improvement, Deaf Services, Office of Consumer Safety
2. Office of Comprehensive Children's Mental Health
3. Administration (Budget, Finance, and General Services)
4. Disaster Readiness
5. Information Systems
6. Legislative and Public Affairs
7. Mo Health Net/Housing
8. Human Resources
9. General Counsel (Regulations, Hearings and Appeals)

DMH makes services available through state-operated facilities and contracts with private organizations and individuals. The state-operated facilities include seven adult psychiatric hospitals and two children's psychiatric facilities. In addition, six habilitation centers and 11 regional offices serve individuals with developmental disabilities. The department also purchases services from a variety of privately operated programs statewide through approximately 2,000 contracts managed annually by DMH. The Division of Alcohol and Drug Abuse purchases services from a network of community providers, with one exception: the opioid program at the Paseo Comprehensive Rehabilitation Center, which is a state-operated facility in Kansas City.

If this year in Missouri is like last year:

- ▼ Among the 5,987,580 Missourians, it is estimated that 1.7 million will have some psychiatric need during their lifetime and 415,000 will have serious need for psychiatric services. Of these, it is estimated that 25-30% falls within our target population. Conservative prevalence estimates (Center for Mental Health Services, CMS 1997) indicate 5.4 percent, or 246,000 adults have a severe and chronic mental illness.
- ▼ DMH serves 28,003 children. It is estimated that 386,154 are eligible for services in at least one of the divisions. Therefore DMH serves approximately 7% of eligible children. The 2010 U.S. Census estimated the population of youth under age 18 in Missouri totaled 1,431,353. Conservative estimates from 1997 indicate 7% of all Missouri children, or 100,194 could experience serious emotional disturbance. However, in FY 2011, approximately 16,000 unduplicated children or 16% were served by CPS leaving 84,000 un-served.
The National Survey on Drug Use and Health, Substance Abuse & Mental Health Services Administration, 2009, estimates that 35,000 Missourians between the ages of 12 and 17 need substance abuse treatment. Of those 35,000, ADA serves approximately 3,100 adolescents or 9% leaving 31,900 un-served.
The Center for Disease Control (CDC) reported that developmental disabilities affect approximately 17% of children younger than 18. Given that prevalence monitoring, 243,327 children and youth in Missouri are likely affected by developmental disabilities. The current number of children and youth being served by the DDD is 12,269 or 6% of the estimated number of children affected, leaving 231,058 un-served.
- ▼ Throughout the U.S., youth with dual issues of developmental disabilities and mental illness are not well-served. Missouri is no exception. The major problem identified by consumers and stakeholders was the lack of an integrated system for these children. This impacts a large subset of the DMH's child population.
Nearly 1,500 youth under age 22 are served in both the Divisions of ADA/CPS and DD; up to 40% of children with developmental disabilities have major behavioral and emotional problems; and 2,697 youth are served in DD on at least one behavioral medication.
- ▼ The number of homeless persons in Missouri in 2001 was approximately 87,250. Of that number, 28% have a severe mental illness, 34% are addicted to drugs and alcohol, while 10% have a serious mental illness and a drug or alcohol addiction. The remaining 28% are those with a developmental disability, and/or a physical disability.
- ▼ In 2009, 850 Missourians died by suicide. Forty-four were under the age of 20, while 264 were over the age of 55.
- ▼ Approximately 15,600 newborns will be exposed to nicotine during their fetal development. An estimated 8,000 newborns will be exposed to alcohol and over 700 will suffer serious disorders, with possible life-long consequences as a result. Over 3,200 newborns also will be exposed to cocaine, heroin, marijuana, or other illicit drugs during their fetal development.
- ▼ Approximately 439,000 of Missouri's adults will need alcohol or other drug abuse treatment because their substance abuse seriously affects their family, work, community responsibilities, and eventually their health.
- ▼ For Missouri's children under the age of 18, approximately 181,000 live with an adult who uses illicit drugs, 340,000 live with an adult who is a binge drinker or heavy drinker, and 533,000 live with an adult who uses tobacco.
- ▼ Methamphetamine abuse is a serious drug problem in Missouri. Methamphetamine primary treatment admissions in ADA programs totaled about 3,700 in FY 2010 - ranking fourth behind alcohol, marijuana and cocaine.

- ▼ Alcohol, tobacco, and other drug abuse in Missouri will cost \$11.3 billion in lost work, health care, and other expenditures related to injury and illness and death.
- ▼ Between one and two percent of Missouri's 75,000 new babies will be born with a developmental disability, adding to the approximately 100,000 citizens currently living with developmental disabilities in Missouri.
- ▼ With the legalization of riverboat gambling, calls to the gamblers hotline amount to about 203 per month.

The Department of Mental Health will serve more than 170,000 of the previously mentioned Missourians and their families. They will come to us either because they have very limited incomes and must rely on the state for services or because the services they need cannot be found elsewhere.

The potential for these citizens to receive good services to prevent or reduce the effects of their mental health problems is greater now in Missouri than ever before. Medical and rehabilitation technology have greatly increased the array of treatment options.

For example, persons with the most disabling effects of schizophrenia may now be treated with newer generations of anti-psychotic medications, which allow those persons to function much more normally than ever before. People with alcohol, drug abuse, and compulsive gambling problems may now receive intensive outpatient services in their communities instead of waiting for one of a limited number of residential treatment slots, and many young mothers can now keep their children with them during the treatment process. A young child born with a developmental disability would once have been institutionalized. That child may now receive medication and diet supplements which will dramatically reduce the disability and allow the child to live at home and attend school.

Individuals and their families today are actively advocating for needed services and are influencing the service delivery system. In addition, counties and communities are playing a much stronger role in designing, funding, and even delivering services in partnership with the state and federal governments.

Office of Comprehensive Child Mental Health (Children's Office)

Prior to 2012, the three divisions within DMH each had authority to determine children's policy. Having three separate authorities within DMH was unwieldy in complying with statutory responsibility for the development of the "comprehensive child mental health service system" (System of Care) 630.097, RsMo, 2004. Therefore, the Department placed responsibility for children's policy from all three divisions under the Office of Comprehensive Child Mental Health (Children's Office). This provides a single authority accountable for children's policy department-wide. This is in keeping with the statutory requirements for the Children's Office 630.1000, RsMo, 2005.

The Department's children's policy is based on the philosophy of being family-driven, child-centered, culturally competent and community-based. DMH partnerships exist and continue to grow with child welfare, education and juvenile justice to ensure that state and local initiatives are identified and the efforts identify and work to eliminate duplication and fill gaps in needed services.

Division of Alcohol and Drug Abuse (ADA)

OVERVIEW

Alcohol, drug abuse, tobacco, and compulsive gambling affect more than two million Missourians.

The division plans and funds prevention, treatment and rehabilitation programs for alcohol and other drug abuse—a problem that costs the state's economy an estimated \$7.7 billion a year in lost productivity, health-care expenditures, property damage, and crime. During the last year, ADA-funded programs provided treatment or intervention to approximately 68,200 people.

The State Advisory Council for ADA makes recommendations regarding the types of services needed throughout Missouri. Council members are chosen from consumers of services, substance abuse treatment professionals, and others with an interest in substance abuse treatment and prevention.

The current year operating budget (FY 2013) for the Division of Alcohol and Drug Abuse is \$122,855,642.

PREVENTION

The current year appropriation (FY 2013) for prevention and education is \$8,441,054.

The mission of the Prevention Unit is to reduce the incidence of adverse outcomes resulting from the use and abuse of alcohol, tobacco and other drugs. Prevention focuses on impacting factors that put individuals, especially children and youth, at risk for engaging in substance use. Included are individual and peer factors, school and family factors and community and environment factors. Attainment of this mission is operationalized through the five major components of the Division's prevention system: Community Coalitions, Missouri Spirit, Direct Prevention Services, regional support centers and a statewide training and resource center. These components combine to create a continuum of prevention services available to all populations and all regions of the state.

Community Coalitions

Community Coalitions are a network of volunteer, community teams who focus solely on alcohol, tobacco and other drugs (ATOD) issues as a part of a broad mission and/or array of services. Organization and development of community coalitions was initiated in 1987. Each team is composed of community volunteers from the area served. Teams receive technical assistance and training from the Regional Support Centers on a variety of topics related to organization development and implementation of prevention strategies.

Regional Support Centers

Regional Support Centers (RSC) are the primary source of technical assistance support for community coalitions. The goal of the RSC is to facilitate development of teams capable of making changes in substance use patterns in their community. Each RSC has a prevention specialist who works directly with the teams in his or her area and assists with the development of teams and task forces in communities that desire to develop one.

Direct Prevention Services

Direct programs/services are prevention education and early intervention activities provided to designated children, youth and families. These services involve structured programming and/or a curriculum, have multiple sessions, include pre- and post-testing, and address identified risk and protective factors. Direct programs/services may also involve a variety of activities, including informational sessions and training and/or technical assistance activities with groups.

The Statewide Training and Resource Center (STRC)

The Statewide Training and Resource Center (STRC) conducts a variety of activities and programs on behalf of the Division and the overall state prevention system. The STRC provides resources, training and technical assistance for the RSC and direct prevention providers. The STRC presents a number of statewide workshops throughout the year and also holds a statewide prevention conference. The STRC also operates a consultant resource bank with resources available to the prevention community, administers a mini-grant program for community coalitions and serves as a statewide resource center.

School-based Prevention Intervention and Resource Initiative (SPIRIT)

In 2002, the Missouri Department of Mental Health (DMH), Division of Alcohol and Drug Abuse (ADA) launched the School-based Prevention Intervention and Resources Initiative (SPIRIT). This project proposes to delay the onset and decrease the use of substances, improve overall school performance, and reduce incidents of violence. To achieve these goals, prevention agencies are paired with participating school districts to provide technical assistance in implementing evidence-based substance abuse prevention programming and referral and assessment services as needed. The five school districts participating in the SPIRIT project are: Carthage R-IX, Hickman Mills C-I, Ritenour, Knox Co. R-I and New Madrid Co. R-I school districts. The project offers a variety of evidence-based prevention programs selected by the districts.

**TREATMENT
& SERVICES**

The Division of Alcohol and Drug Abuse provides services through a network of contractors who operate treatment facilities. The Division monitors these providers and their treatment staff, who must meet state certification standards.

A wide variety of Division-funded and supported clinical treatment and recovery support services are strategically located throughout the state. Clinical treatment and recovery support services are designed to provide a continuum of services to assist individuals with substance use disorders in achieving and maintaining recovery.

Clinical Treatment Services - Primary Recovery Plus

The Division has a comprehensive package of individualized services and therapeutic structured activities designed to achieve and promote recovery from substance abuse. These services have three basic levels of intensity and routinely include assessment, individual and group counseling, family counseling, participation in self-help groups, and other supportive measures. Detoxification and residential support services are offered for those who need a safe, drug-free environment during the treatment process.

CSTAR - The Comprehensive Substance Treatment and Rehabilitation Program (CSTAR) is a unique approach to substance abuse and addiction treatment. It offers a flexible combination of clinical services, living arrangements, and support services that are individually tailored for each client. The CSTAR model was developed by Missouri's Division of Alcohol and Drug Abuse and is funded by Missouri's Medicaid program and the Division's purchase-of-service system. In the past, inpatient or residential treatment temporarily removed a person from the problem environment with little or no follow-up care. CSTAR focuses on providing a complete continuum of recovery services, including extended outpatient services in the community and, where possible, close to home.

CSTAR Women's Treatment Programs - Substance abuse affects women differently than men, both physically and psychologically. Single women, pregnant women, and women with children may enter specialized women's CSTAR treatment programs. These programs provide a complete continuum of treatment services and housing supports tailored to the unique needs of women and children.

CSTAR Alt-Care Program is a specifically designed CSTAR program for female offenders.

CSTAR Adolescent Treatment Programs - Early intervention, comprehensive treatment, academic education, and aftercare are important in averting chronic abuse and accompanying problems that might otherwise follow a young person for a lifetime. The specially trained staffs of adolescent CSTAR programs utilize individual, group, and family interventions.

CSTAR Opioid Treatment Program - The CSTAR Opioid (methadone) Treatment Program is designed for medically supervised withdrawal from heroin and other opiate drugs followed by ongoing treatment and rehabilitation for addiction and related life problems. Missouri's program meets federal guidelines for such programs.

Compulsive Gambling - The division provides outpatient treatment services to compulsive gamblers and their families throughout Missouri. Funding comes from casino admission fees. The division also certifies compulsive gambling counselors.

Substance Abuse Traffic Offenders Program (SATOP) - Drinking and driving behaviors have a serious impact on the citizens of Missouri. Each year, thousands of people are injured or killed in alcohol-related crashes, resulting in serious financial impacts on our communities.

The Department of Mental Health's Division of Alcohol and Drug Abuse certifies programs to provide services to individuals who have had an alcohol- or drug-related traffic offense. The Substance Abuse Traffic Offenders Program (SATOP) screens more than 30,500 DWI offenders annually who are referred as a result of an administrative suspension or revocation of their driver's licenses, a court order, a condition of probation, or a plea bargain. When a person's driver's license is suspended or revoked due to an alcohol-related offense, SATOP is, by law, a required element in driver's license reinstatement by the Department of Revenue.

All SATOP offenders enter the system via an Offender Management Unit. Offenders receive a screening assessment where a review of their driving record, breath alcohol content at the time of their arrest, computer-interpreted assessment, and an interview with a qualified substance abuse professional is conducted. Based upon the information gathered during the screening, an appropriate referral is made to one of several types of SATOP programs.

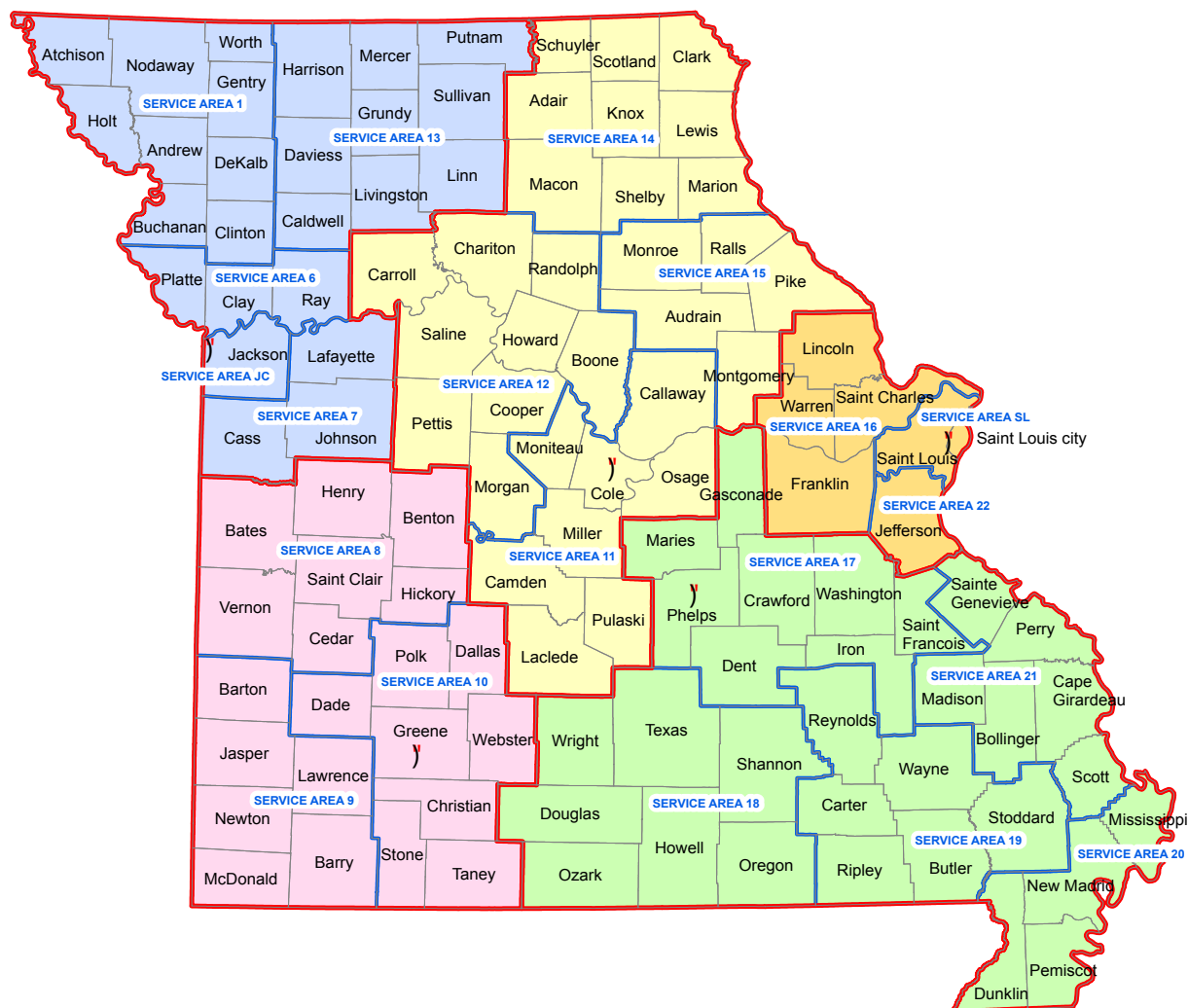
Recovery Support Services - Recovery support services, funded by the Access to Recovery grant, supplement Primary Recovery Plus access to an array of treatment and support options. These services are provided by faith- and community-based organizations and are designed to enhance participation in treatment, promote community integration, and foster recovery from substance abuse disorders.

Program Eligibility - All Missourians are eligible to receive prevention and treatment services provided by the Division of Alcohol and Drug Abuse. A Standards Means Test is used to determine if consumers have the ability to pay a portion of their treatment services.

Additional information on substance abuse treatment and recovery is available from the Division of Alcohol and Drug Abuse district office serving your area.



MISSOURI DEPARTMENT OF MENTAL HEALTH DIVISION OF ALCOHOL AND DRUG ABUSE REGIONAL OFFICES AND SERVICE AREAS



WESTERN REGION

Denise Norbury, REO, Divisions of ADA and CPS
ADA Western Regional Office:
2600 East 12th Street
Kansas City, MO 64127
816-482-5770
Fax: 816-482-5774

SOUTHWEST REGION

Denise Norbury, REO, Divisions of ADA and CPS
ADA Southwest Regional Office:
149 Park Central Square, Suite 910
Springfield, MO 65806
417-895-6328
Fax: 417-895-6329

CENTRAL REGION

Jodi Haupt, REO, Divisions of ADA and CPS
Missouri Department of Mental Health
1706 East Elm Street; P.O. Box 687
Jefferson City, MO 65102
573-751-4942
Fax: 573-751-7814

SOUTHEAST

Julie Inman, REO, Divisions of ADA and CPS
ADA Southeast Regional Office:
105 Fairgrounds Road; P.O. Box 884
Rolla, MO 65402
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EASTERN REGION

Laurent Javois, REO, Divisions of ADA and CPS
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MAP LEGEND

Map created: MARCH 2, 2012
Source:
ArcGIS\ADA\Smith\ADA_region_maps\ADAREGSAcontact.mxd
Maps website:
<http://dmh.mo.gov/ada/resourcemapsinfo.htm>

- ADA REGIONAL OFFICES
- ADA/CPS REGION BOUNDARIES
- ADA SERVICE AREA BOUNDARIES
- COUNTY BOUNDARIES

- WESTERN REGION
- CENTRAL REGION
- EASTERN REGION
- SOUTHWEST REGION
- SOUTHEAST REGION

Division of Comprehensive Psychiatric Services (CPS)

OVERVIEW

The Division of Comprehensive Psychiatric Services (CPS) is responsible for assuring the availability of prevention, evaluation, treatment, and rehabilitation services for individuals and families requiring public mental health services. The Division exercises this responsibility by providing services directly through its state-operated facilities and programs and contracting through 25 administrative agents to provide an array of community programs. Additionally the division contracts with private entities for 24-hour residential services for individuals needing that level of care. It is the Department's goal to give priority to people with serious mental illness (SMI). The target populations shall include: Forensic clients pursuant to Chapter 552 RSMo, Adults, children and youth with SMI being discharged from CPS operated inpatient facilities, being transitioned from CPS-operated or contracted residential settings, being transitioned from CPS alternatives to inpatient hospitalization; adults and children and youth at risk of homelessness; children and youth referred through the Custody Diversion Protocol; and Individuals with a clinical or personality disorder, other than a principal diagnosis of substance abuse or mental retardation, who also qualify as an adult with severe disabling SMI or children and youth with serious emotional disturbance (SED), as defined by the Department. For children and youth, eligibility includes an SED qualifying diagnosis and a CAFAS score of 100 or higher, or implementation of the exceptions process per contractor policy.

CPS provides an array of services, including evaluation, day treatment, outpatient care, psychiatric rehabilitation, housing, crisis services, and hospitalization as well as evaluation and treatment of persons committed by court order. Eligibility for these services is determined through regional administrative agents designated by the Division.

To determine if a client has the ability to pay a portion of his/her cost of care, the Standard Means Test (SMT) is used. Many resources must be utilized to help recover costs. Primary among those resources are third-party payments. If these payments are insufficient, a client or his family is asked to contribute a portion of the costs based on the family's ability to pay. Those charges are determined using a table that considers family size and income. Other assets are collected when the client is without spouse or dependents and determined to need full-time, long-term (inpatient or placement) care.

The current year (FY 2013 operating) budget for the division is \$506,464,515.

CPS STATE FACILITIES

The Division of Comprehensive Psychiatric Services directly operates seven adult psychiatric hospitals, as well as a small number of community residential beds and apartments. In addition, the Division operates one children's psychiatric hospital and one children's residential treatment center.

Adult Inpatient Facilities - The seven adult hospitals provide intermediate stay and long term stay hospital level treatment on a regional basis and are located in St. Louis, St. Joseph, Fulton, El Dorado Springs, Kansas City and Farmington. The Division also operated five psychiatric group homes in Kansas City, three of which serve individuals who are dually diagnosed and DD Waiver eligible, and a supported apartment program. The adult facilities combined appropriated budget for FY 2013 was \$142,156,261.

Services include ongoing assessment and treatment of individuals with serious mental illness whose recovery can be prolonged due to complications of treatment resistant illness, drug and/or alcohol dependence, developmental disabilities, brain trauma and legal issues. In addition to traditional psychiatric and medication services, treatment programs include cognitive behavioral therapy, social learning therapy, dialect behavioral therapy, treatments specific to those with co-occurring mental illness and development disability, competency restoration and treatment specific to sexual predation.

Children Inpatient Facilities - Services for children and youth up to the age of 18 years with serious emotional disturbances are provided in two Division operated facilities. Hawthorn Children's Psychiatric Hospital in St. Louis provides both acute hospitalization and residential treatment services. Cottonwood Residential Treatment Center in Cape Girardeau provides residential treatment services. These facilities had a combined appropriated budget of \$11,887,728 (FY 2013).

**FORENSIC
SUPPORT
SERVICES**

Under Chapter 552 RSMo the Department of Mental Health is statutorily mandated to provide monitoring to forensic clients acquitted as not guilty by reason of mental disease or defect who are given conditional releases to the community by circuit courts. Monitoring is provided by forensic case monitors under the auspices of the Director of Forensic Services. There are 11 forensic case monitors located across the state: three in St. Louis, two in Kansas City, one in St. Joseph, two in Fulton, one in Nevada and two in Farmington. Forensic case monitors must see each forensic client at least monthly to monitor compliance with conditions of release and to ensure public safety.

The Department, upon order of the circuit court, provides pretrial evaluations pursuant to Chapter 552 RSMo. The Department requires that evaluations be completed by certified forensic examiners who must hold doctorate degrees in medicine, osteopathy, or psychology and must complete required supervision and training. Pretrial evaluations must be completed within the 60-day statutory timeline.

The current budget (FY 2013) for forensic support services is \$760,516 for monitoring of those committed to the department but are on conditional release from an inpatient treatment setting. In FY 2011, 474 forensic clients were monitored in the community.

**CHILDREN'S
PROGRAMS**

CPS continues to be a lead partner in the creation and operation of a Comprehensive Children's Mental Health System as outlined in SB1003 passed in 2004. Services and policies are based on the guiding philosophy of being family -driven, child-centered, culturally competent and community-based. The work done to prevent families from having to relinquish custody to the state solely to access mental health services continues with over a 90% success rate of diversion and half of those youth being maintained in their home community.

Partnerships continue to grow with child welfare, juvenile justice, health and educational providers to insure that services are coordinated, if not integrated, to increase the likelihood of improved functioning and successful outcomes for children and families. The division has been able to partner with MO Health-Net to leverage federal funds to expand the array of services available to children and families. There are growing efforts to insure quality service provision that leads to positive outcomes. This is achieved through a combination of enhanced monitoring, training on evidence based practices, and utilization of standardized, functional outcome measures.

The division continues to work on a fully integrated, community-based system. Through the purchase-of-service mechanism, contracted arrangements are made with local community mental health centers and providers to make available screening, evaluation, medication services, cases management and crisis services.

The following paragraphs describe some of the services available in communities and funded through the youth community programs appropriation.

Community Psychiatric Rehabilitation (CPR) program provides an array of key services to children with serious emotional disturbances. This is a family driven, child-centered approach that emphasizes individual choices and need, flexible services and supports, the use of existing community resources and natural support systems and promoting independence and the pursuit of meaningful living, working, learning and leisure time activities in normal community settings. The division has worked diligently to expand the array of services available and to work towards leveraging federal funds streams. The array of service includes assessment , crisis intervention, community support, family support, family assistance, day treatment and psycho-social rehabilitation.

Additionally, some children/youth may require a temporary placement out of the home to achieve psychiatric stability. Three types of placements are available to children:

Treatment Family Homes - This service provides individualized treatment within a community-based family environment with specially trained parents. It allows out-of-home services for those needing them, but also allows children to remain in their own communities and often in their home school districts.

Residential Treatment - These services consist of highly structured care and treatment to youth, generally on a time-limited basis, until they can be stabilized and receive care in a less-restrictive environment or at home.

Professional Parent Homes - These homes exist to serve youth whose special emotional needs lead to behaviors, that in the absence of such programs, would most likely place the youth in restrictive residential settings. These youth have demonstrated an inability to be in the community free of emotional or physical difficulty and who without a sustained intensive therapeutic intervention, would have significant physical, emotional, or relational consequences. A Professional Parent Home is considered to be a more restrictive placement option than a Treatment Family Home, but less than a psychiatric hospital on a continuum of restrictiveness of living environments. Though a Professional Parent Home is less restrictive than a hospital setting, therapeutic effectiveness is not compromised. Effective interventions are provided by individuals who have had extensive training and where close supervision is provided to the child.

ADULT COMMUNITY PROGRAMS

Community Psychiatric Rehabilitation (CPR) program is a consumer-centered approach that emphasizes individual choices and needs; features flexible services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides an array of key services to persons with severe, disabling mental illnesses. Services include evaluations, crisis intervention, community support, medication management, and psychosocial rehabilitation. Because CPRP is a Medicaid program, the federal government pays approximately 60 percent of the costs for eligible clients. The Division of Comprehensive Psychiatric Services spent approximately \$36.2 million from general revenue for the 40-percent state match in FY 2010.

Community Support Services consist of contractual arrangements made to purchase services from a menu of basic community mental health services from local mental health professional and community mental health centers as defined in sections 630.405 - 630.460 RSMo. 1996.

Residential Services provide a variety of housing alternatives to meet the diverse needs of individuals. The Department of Mental Health assists Missourians challenged by mental illnesses, substance abuse/addictions and developmental disabilities in obtaining and maintaining safe, decent and affordable housing options that best meet their individual and family needs. Housing is a key to helping Missourians with disabilities and their families attain self-determination and independent living. The vision of the Department is that all Missourians challenged by mental illnesses, substance abuse/addictions and developmental disabilities have housing options that are affordable and accessible, integrated into communities, and provide real choice.

Examples of some of the residential services included are as follows:

Shelter Plus Care is a program designed to link rental assistance to supportive services on a long-term basis for homeless persons with disabilities, (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases, and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters. The program allows for a variety of housing choices, and a range of supportive services funded by DMH, in response to the needs of the hard-to-reach homeless population with disabilities. Currently, Missouri has 44 Shelter Plus Care grants.

Homeless Veterans and those who help them received a significant boost in their efforts when the U.S. Department of Veterans Affairs (VA) made 55 new awards to public and private nonprofit organizations that assist homeless veterans. Among the new grantees is the Missouri Department of Mental Health, which has partnered with St. Patrick's Center in St. Louis to provide transitional housing with an extensive list of support services to 50 homeless veterans throughout the St. Louis metro area.

DIVISION OF CPS ADMINISTRATIVE AGENTS

Area 1

Family Guidance Center,
724 N. 22nd St., St. Joseph, MO
64506; 816-364-1501

**Affiliated Center: Community
Recreation and Resocialization,
Inc.,** 525 S. 10th Street, St. Joseph,
MO 64501; 816-233-0430
Counties served: Atchison, Nod-
away, Holt, Andrew, Buchanan,
Clinton, DeKalb, Gentry, Worth

Areas 2-5

**2. Truman Medical Center Behav-
ioral Health,** 300 W. 19th Terrace,
Kansas City, MO 64108; 816-404-
5700

3. Swope Parkway Health Center, 3801
Blue Parkway, Kansas City, MO 64130;
816-922-7645; 800-735-2966 (TT)

4. ReDiscover, 901 NE Independence
Avenue, Lee's Summit, MO 64086; 816-246-
8000

5. Comprehensive Mental Health Services,
17844 E. 23rd St., P.O. Box 260, Independence,
MO 64052; 816-254-3652 800-735-2966 (TT)
County served: Jackson

Area 6

Tri-County Mental Health Services, 3100 NE 83rd
St., Kansas City, MO 64119; 816-468-0400; 800-
955-8339 (TT) Counties served: Platte, Clay, Ray

Area 7

**Pathways Community Behavioral Healthcare,
Inc.,** 520C Burkarth Road, Warrensburg, MO
64093; 660-885-8131
Counties served: Lafayette, Johnson, Cass

Area 8A

Clark Community Mental Health Ctr., 104 W.
Main Street, P.O. Box 100, Pierce City, MO 65723;
417-476-1000 Counties served: Barry, Lawrence,
Dade

Area 8B

**Pathways Community Behavioral Healthcare,
Inc.,** 1800 Community Drive, Clinton, MO 64735;
660-885-8131 Counties served: Bates, Vernon,
Henry, St. Clair, Cedar, Benton, Hickory

Area 9

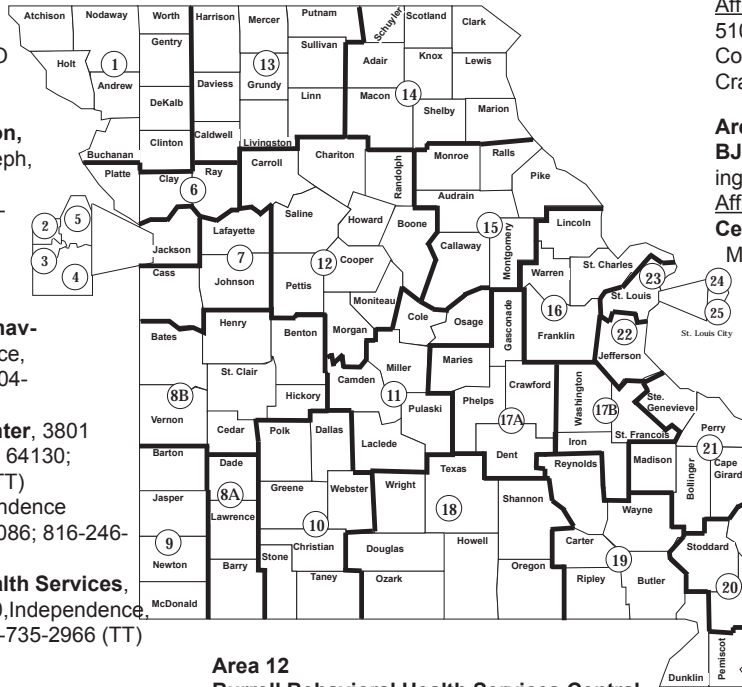
Ozark Center, 1105 E. 32nd St., P.O. Box 2526,
Joplin, MO 64803; 417-347-7600, 800-735-2966
(TT) Counties served: Barton, Jasper, Newton,
McDonald

Area 10

Burrell Behavioral Health, 1300 Bradford Park-
way, Springfield, MO 65804; 417-761-5000,
417-269-7209 (TT) Counties served: Greene,
Christian, Stone, Taney, Webster, Dallas, Polk

Area 11

**Pathways Community Behavioral Health Care,
Inc.** 1905 Stadium Blvd. P.O. Box 104146, Jeffer-
son City, MO 65110-4146; 573-634-3000
**Affiliated Center: New Horizons Community Sup-
port Services,** 2013 William St., Jefferson City,
MO 65109 573-636-8108
Counties served: Cole, Osage, Miller, Camden,
Laclede, Pulaski



Affiliated Center: Mineral Area CPRC, P.O. Box
510, Farmington, MO 63640, 573-756-2899.
Counties served: Gasconade, Maries, Phelps,
Crawford, Dent

Area 17B

BJC Behavioral Health, 1085 Maple St., Farm-
ington, MO 63640; 573-756-5353
**Affiliated Center: SEMO Community Treatment
Center,** 528 E. Main St., P.O. Box 506, Park Hills,
MO 63601, 573-756-5749. Counties served:
Washington, St. Francois, Iron

Area 18

Ozark Medical Center, 909 Kentucky, West
Plains, MO 65775; 417-257-6762
417-257-5868 (TT)
Counties served: Wright, Texas, Shannon,
Douglas, Ozark, Howell, Oregon

Area 19

Family Counseling Center, 925
Highway VV, P.O. Box 71, Kennett,
MO 63857; 573-888-5925
Counties served: Dunklin, Pemiscot,
Reynolds, Carter, Ripley, Wayne, Butler

Area 12

Burrell Behavioral Health Services Central,
3401 Berrywood Drive, Suite 204, Columbia,
MO 65201; 573-777-7550, 573-884-1012 (TT)
**Affiliated Center: New Horizons Community Sup-
port Services,** 1408 Hathman Place, Columbia,
MO 65201 573-443-0405 Counties served: Car-
roll, Chariton, Randolph, Howard, Pettis, Cooper,
Boone, Moniteau, Morgan, Saline

Area 13

North Central Missouri Mental Health Center,
1601 East 28th, Box 30, Trenton, MO 64683; 660-
359-4487 Counties served: Harrison, Mercer,
Putnam, Daviess, Grundy, Sullivan, Caldwell,
Livingston, Linn

Area 14

Mark Twain Area Counseling Center, 917 Broad-
way, Hannibal, MO 63401 573-221-2120
**Affiliated Center: Comprehensive Health
Systems, Inc.,** 12677 Heavenly Acres Dr., New
Linden, MO 63459, 573-248-1372. Counties
served: Marion
Preferred Family Healthcare, Inc., 900 LaHarpe,
Kirksville, MO 63501 660-665-1962. Counties
served: Schuyler, Scotland, Clark, Adair, Knox,
Lewis, Macon, Shelby, Marion

Area 15

Arthur Center, 321 West Promenade, Mexico, MO
65265; 573-582-1234
**Affiliated Center: Comprehensive Health
Systems, Inc.,** Hwy 61& Rte HH, P.O. Box 468,
Hannibal, MO 63401, 573-248-1372. Counties
served: Monroe, Ralls, Audrain, Pike, Montgomery,
Callaway

Area 16

Crider Center, 1032 Crosswinds Ct., Wentzville,
MO 63385; 636-332-8000 Counties served: Lin-
coln, Warren, Franklin, St. Charles

Area 17A

Pathways Community Behavioral Healthcare,
1450 E 10th St., P.O. Box 921, Rolla, MO 65402;
573-364-7551

Area 20

Bootheel Counseling Services, 760 Plantation
Blvd., P.O. Box 1043, Sikeston, MO 63801; 573-
471-0800
Counties served: Stoddard, Scott, Mississippi,
New Madrid

Area 21

Community Counseling Center, 402 South Sil-
ver Springs Road, Cape Girardeau, MO 63703;
573-334-1100
Counties served: Ste. Genevieve, Cape Gi-
rardeau, Perry, Bollinger, Madison

Area 22

Comtrea Community Treatment, Inc.,
227 Main St., Festus, MO 63028; 636-931-2700
County served: Jefferson

Areas 23-25

23. BJC Behavioral Health Services, 1430
Olive, Suite 500 St. Louis, MO 63103; 314-206-
3700, 314-206-3837 (TT)
BJC Behavioral Health (North Site) 3165 McK-
elvey Rd. Suite 200. Bridgeton, MO 63044-2550;
314-206-3900
BJC Behavioral Health (South Site) 343 S. Kirk-
wood Rd., Suite 200, Kirkwood, MO 63122-6915;
314-206-3400

24. Hopewell Center, Amanda L. Murphy, 1504
S. Grand, St. Louis, MO 63104; 314-531-1770

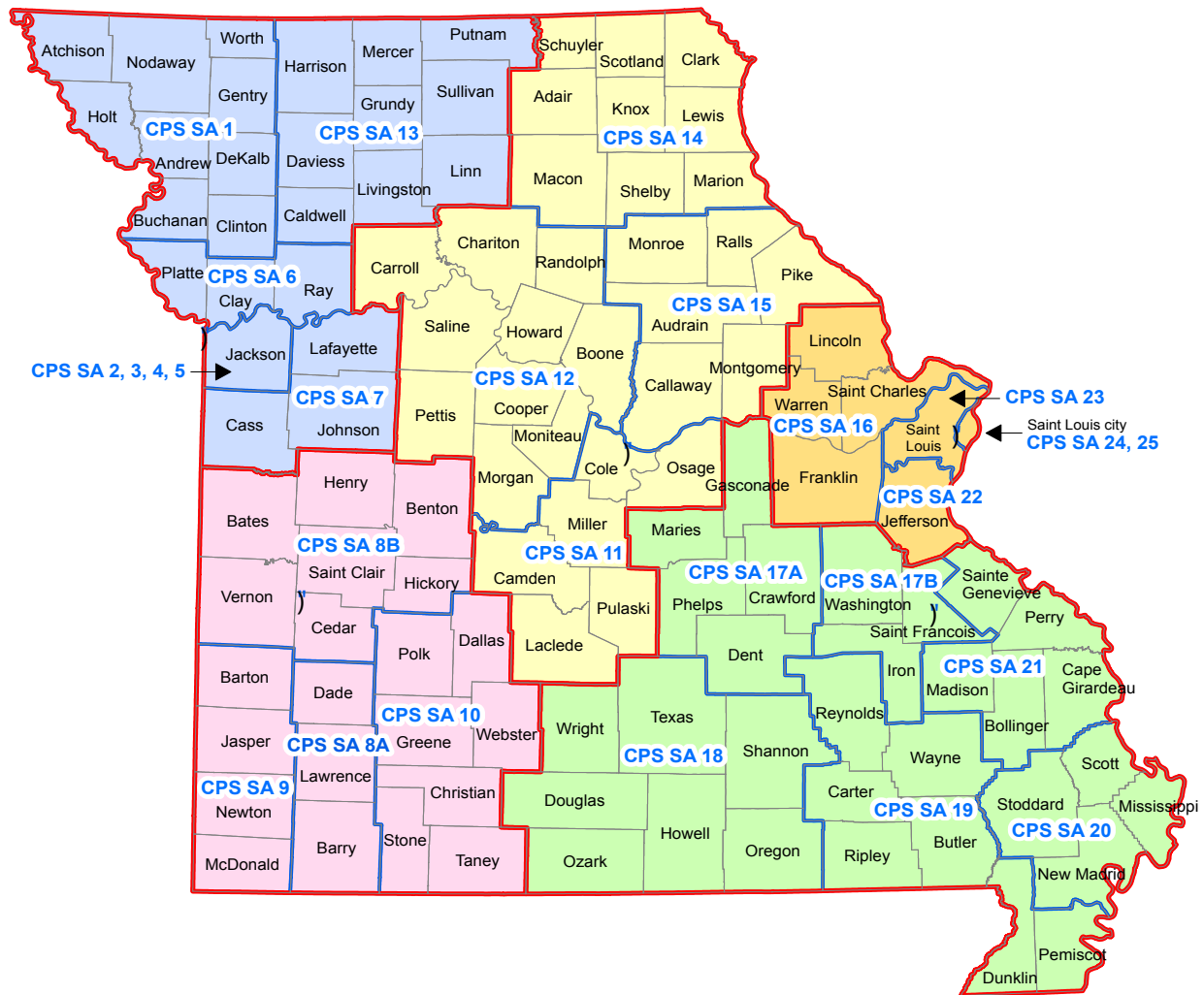
25. BJC Behavioral Health Services, 1430
Olive, Suite 500 St. Louis, MO 63103;
314-206-3700, 314-206-3837 (TT)
Affiliated Centers: Places for People, Inc., 4120
Lindell Blvd., St. Louis, MO 63108; 314-535-5600
Independence Center, 4245 Forest Park Ave.,
St. Louis, MO 63108; 314-533-4380
ADAPT Institute of MO, 2301 Hampton, St.
Louis, MO 63139; 314-644-3111
Counties served: St. Louis City, St. Louis Cnty



MISSOURI DEPARTMENT OF MENTAL HEALTH

DIVISION OF COMPREHENSIVE PSYCHIATRIC SERVICES

REGIONS AND ADULT SERVICE AREAS



WESTERN REGION

Denise Norbury, REO, Divisions of ADA and CPS
 CPS Western Regional Office:
 Center for Behavioral Medicine
 1000 East 24th Street
 Kansas City, MO 64108
 816-512-7500
 Fax: 816-512-7509

SOUTHWEST REGION

Denise Norbury, REO, Divisions of ADA and CPS
 Southwest Missouri Psychiatric Rehabilitation Center
 1301 Industrial Parkway East
 El Dorado Springs, MO 64744
 417-876-1002
 Fax: 417-876-1004

CENTRAL REGION

Jodi Haupt, REO, Divisions of ADA and CPS
 Missouri Department of Mental Health
 1706 East Elm Street; P.O. Box 687
 Jefferson City, MO 65102
 573-751-4942
 Fax: 573-751-7814

SOUTHEAST

Julie Inman, REO, Divisions of ADA and CPS
 Southeast Missouri Mental Health Center
 1010 West Columbia
 Farmington, MO 63640
 573-218-6792
 Fax: 573-218-6703

EASTERN REGION

Laurent Javois, REO, Divisions of ADA and CPS
 Saint Louis Psychiatric Rehabilitation Center
 5300 Arsenal
 Saint Louis, MO 63139
 314-877-5981
 Fax: 314-877-5982

MAP LEGEND

Map created: MARCH 6, 2012
 Source: ArcGIS\ADA\Smith\ADA_region_maps\CPSregionSAcontact.mxd

0 10 20 30 40 50 100 150 Miles

Maps website: <http://dmh.mo.gov/ada/resourcemapsinfo.htm>



CPS REGIONAL OFFICE



ADA/CPS REGION BOUNDARY



CPS SERVICE AREA BOUNDARY

CPS SA

CPS SERVICE AREA NAME



COUNTY BOUNDARY



WESTERN REGION



CENTRAL REGION



EASTERN REGION



SOUTHWEST REGION



SOUTHEAST REGION

Division of Developmental Disabilities (DD)

OVERVIEW

The Division of Developmental Disabilities serves persons who have been diagnosed with mental retardation, cerebral palsy, epilepsy, head injury, autism, or a learning disability related to a brain dysfunction. These mental or physical impairments must be manifested before the age of 22, be likely to continue indefinitely, and result in substantial functional limitations. The Division's primary mission is to support persons with intellectual/developmental disabilities through programs and services that enable those persons to live independently and productively, given their individual needs and capabilities. Services and supports the division funds or provides include case management, evaluation, habilitation, and rehabilitation services.

The Division provides case management services through eleven (11) regional offices around the state, and multiple county-based boards. Additionally, the Division has contractual arrangements and oversight responsibilities with programs and facilities funded, licensed, or certified by the Department of Mental Health. In addition, the Division has six state operated campus/community settings that primarily serve persons with complex developmental disabilities.

People of all ages who have developmental disabilities are eligible for Division services. Eligibility is determined by the Division's 11 regional offices, which evaluate an individual's situation in light of state law (Sec. 630.005, RSMo).

The cost of services is determined by a Standard Means Test (SMT), a tool used to determine if the individual or family (in the case of a minor child) is financially able to pay a portion of the costs. Charges are determined using a table that evaluates family size, income, and the type of service. However, many other resources, especially third-party payors, such as Medicaid and Medicare, also must be used to cover costs. DD services do not have co-payments, although some state plan services do have co-payments.

COMMUNITY-BASED SERVICES

The Division provides support services to individuals with intellectual/developmental disabilities and their families designed to:

- encourage independence and active participation in planning and directing services and supports;
- provide support in meeting their most important needs;
- keep families together (for as long as the individual and family chooses);
- maximize limited resources; and
- help individuals and families connect with one another and with their communities to encourage their full participation in all aspects of home, school, work, and community life.

The division's philosophy is based on a set of principles that say, "Families are the most important support network for all people, including individuals with developmental disabilities. One of the best ways to support individuals with intellectual/developmental disabilities is to support and empower their families – to work with them to identify their most important needs and find the most cost-effective way to meet those needs. At the same time, we must support and empower youth and adults with developmental disabilities to begin making their own decisions so they will be able to direct their own services and supports at the appropriate time in their lives."

The service system is a partnership of consumers, families, community members and organizations, the Division of DD, Senate Bill 40 Boards, DD contracted service providers, and advocacy entities. Through case management, and based on individual needs, persons are referred or linked to a variety of other services and supports administered by other state agencies. These agencies include but are not limited to, Division of Comprehensive Psychiatric Services, Mo Health Net Division, Family Support Division, Children's Services Division, Bureau of Special Health Care Needs, Division of Senior Services, and Division of Vocational Rehabilitation.

The Division contracts for a variety of services and supports for people with disabilities and their families. This array of services meets lifetime needs of people with disabilities. Examples of services include early childhood intervention, therapies, skill training, vocational training, recreational, and residential supports.

Specialized services necessary to meet an individual's needs, may be purchased by the Division within the limits of its appropriation. The Division often assists individuals in accessing other supports and services persons without disabilities also need that are available from other state and federal programs when the individual qualifies for those programs. This may include educational services, Medicaid and Medicare funded services, food stamps, or housing assistance. Emphasis is placed upon providing the service or support in a manner typical for the person's community, i.e., through generic rather than specialized providers when possible.

Of the 31,754 people receiving services through the Division, approximately 31,212 live in some type of community setting. They may live with their family, with relatives who receive family support services, or in their own homes, either alone or with one or two others who receive individualized supported living (ISL) services. Other types of community residential living arrangements include foster homes, group homes, residential care centers, and community-based ICF/MR. The Division receives approximately \$521 million for community programs (including Federal authority for Medicaid payments).

Regional Offices - Based in 11 principal sites and supported by numerous satellite locations, the regional offices are the entry point into the service system. Each office serves from three to 15 counties. Staffed by case managers and support personnel, the offices perform intake activities which help to determine if an individual is eligible for services. When a person is found eligible for services in accordance with state law and regulation, the individual and family, in partnership with the case manager, works to identify needed services or supports. These services and supports are documented in a person-centered plan that describes what is needed, how the service/support will be obtained, and the method by which the effectiveness of the service or support will be measured.

When developing and implementing person centered plans, the Division strives to meet an individual's needs in the most appropriate environment, typically in or near the individual's home. The 11 regional offices serve approximately 31,212 people annually with a total budget of approximately \$12.1 million.

Home and Community Based Waiver Programs and Services - The Division administers five Medicaid Home and Community-Based (HCBS) Waiver Programs for individuals with mental retardation or other developmental disabilities. The five waivers are the Comprehensive Waiver, Missouri Children with Developmental Disabilities Waiver (MOCDD or Sarah Jian Lopez Waiver), Community Support Waiver, Autism Waiver, and Partnership for Hope Waiver (Prevention Waiver).

Authority for the Division's waivers is the result of a special arrangement between the state and federal government that allows the state to use Medicaid funding for specialized services provided only to a target group of people who have intellectual and developmental disabilities and not to all people with Medicaid (in Missouri the state Medicaid authority is MO HealthNet). The Division uses general revenue funds it is appropriated to match federal dollars to pay for these waiver services. Services provided through these HCBS waivers, which are part of the Medicaid Program, are the primary funding source for services for individuals who are MO HealthNet eligible and are determined to require an institutional (ICF/MR) level of care.

Comprehensive Waiver - The Comprehensive Waiver began in FY 1989. This is the only waiver that provides residential services: residential habilitation and individualized supported living services. This waiver does not have an individual cap on the amount of service an individual may receive annually through the waiver. The person must meet ICF/MR level of care and must be at risk of needing ICF/MR services if waiver services are not provided. In addition, there must be a determination that the individual's needs cannot be met in the Community Support Waiver.

In FY 2011, the Division was approved to serve up to 7,875 people through the Comprehensive Waiver. The approximate average cost for persons in the Comprehensive Waiver for FY 2011 was \$56,216.

Although this waiver can provide residential supports services when they are necessary for a participant, not every participant accesses residential services. An estimated 24 percent of these participants live with their families and receive support services so they may continue to live at home; 39 percent of participants supported in individualized supported living; and another 37 percent supported in group home settings.

Sarah Jian Lopez Waiver - The Sarah Jian Lopez Waiver is a Medicaid model waiver administered by the Division since FY 1995. Medicaid guidelines require parental income and resources to be considered in determining a child's financial eligibility for Medicaid when the child lives in the home with the parents. This requirement, called deeming parental income to the child, is waived for children who participate in the Sarah Jian Lopez Waiver. The waiver provides participants eligibility for all State plan Medicaid services in addition to waiver services. To be eligible for this waiver, the child must: not be eligible for Medicaid under regular guidelines; be under the age of 18; live with their parents/family; meet financial guidelines; be determined to have permanent and total disability; be eligible for ICF/MR level of care; and be at risk of needing ICF/MR services if waiver services are not accessed.

No more than 200 children can be served in the Sarah Jian Lopez waiver at any one time. The average cost of waiver services per participant in FY 2011 was approximately \$9,352.

Community Support Waiver - The Community Support Waiver began in July 2003, for persons who have a place to live in the community, usually with family. However, the family is unable to provide all of the other services and supports the person requires, which may include 24-hour care or supervision, seven days a week. This waiver has an individual annual cap of \$22,000 on the total amount of services a person can receive. The person must meet ICF/MR level of care and must be at risk of needing ICF/MR services if waiver services are not provided.

In FY 2009, the Community Support Waiver was approved to serve up to 1,239 individuals at an approximate average cost of \$9,688.

Autism Waiver - The Autism Waiver began in July, 2009. A person eligible for the Autism Waiver must be at least three years of age and not more than 18 years of age and be living in the community with family. The child must have a diagnosis of Autism Spectrum Disorder as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association; pervasive developmental disorder, not otherwise specified; childhood disintegrative disorder; and Rett's Syndrome. Additional criteria for Autism Waiver eligibility include that the child experiences behavioral and/or social or communication deficits that require supervision which makes it difficult for the family to provide care in the home and interfere with the child participating in activities in the community. The child shall have been determined to meet ICF/MR level of care and have a determination by a Division Regional Office that the person's needs for Autism Waiver services can be met at an annual cost that will not exceed \$22,000.

The Autism Waiver includes one new service, Behavior Analysis Service, that is not already available in one or more of the other Division's HCBS Waivers. Behavior Analysis Service has three components: Senior Behavior Consultant, Behavior Intervention Specialist, and Functional Behavior Assessment.

In the Autism Waiver, no more than 150 persons can be served at any given time.

Partnership for Hope Waiver - The Partnership for Hope Waiver began October 1, 2010. This is a new county-based prevention waiver that is a result of a partnership of the Missouri Association for County Boards for Developmental Disability Services, the Division of Developmental Disabilities, and the MO HealthNet Division. Early research on best practices and the waiver development was supported by a grant from the Missouri Foundation for Health to the Missouri Association for County Boards for Developmental Disability Services. This waiver can serve adults and children and has an annual total waiver service cost limit per participant of \$12,000. Eligibility requirements for participants includes being eligible for Missouri Medicaid, meeting eligibility criteria for Division of DD services, participants needs can be met with current community support system and waiver services not to exceed an annual cost of \$12,000, participant meets ICF/MR Level of Care, participant resides in a participating county, and participant meets crisis or priority criteria.

The Partnership for Hope Waiver includes four new services: Personal Electronic Safety Device, Professional Assessment and monitoring, Dental, Temporary Residential, and Career Preparation services. The Partnership for Hope Waiver can serve no more than 2870 individuals at any given time. There are currently 96 counties participating in this waiver.

What services are available through the DD Waivers?

| Comprehensive Waiver | Community Support Waiver | MOCDD Waiver | Autism Waiver | Partnership for Hope Waiver |
|--------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------|--------------------------------------------|
| Personal Assistant | Personal Assistant | Personal Assistant | Personal Assistant | Personal Assistant |
| Respite Care | Respite Care | Respite Care | Respite Care | Temporary Residential |
| Transportation | Transportation | Transportation | Transportation | Transportation |
| Environmental Accessibility Adaptations | Environmental Accessibility Adaptations | Environmental Accessibility Adaptations | Environmental Accessibility Adaptations | Environmental Accessibility Adaptations |
| Specialized Medical Equipment and Supplies | Specialized Medical Equipment and Supplies | Specialized Medical Equipment and Supplies | Specialized Medical Equipment and Supplies | Specialized Medical Equipment and Supplies |
| Support Broker | Support Broker | Support Broker | Support Broker | Support Broker |
| Day Habilitation | Day Habilitation | Day Habilitation | | Day Habilitation |
| Community Specialist | Community Specialist | Community Specialist | | Community Specialist |
| Crisis Intervention | Crisis Intervention | Crisis Intervention | | |
| Behavior Therapy | Behavior Therapy | Behavior Therapy | | Behavior Therapy |
| Communication Skills Instruction | Communication Skills Instruction | | | |
| Counseling | Counseling | | | |
| Physical Therapy | Physical Therapy | | | Physical Therapy |
| Occupational Therapy | Occupational Therapy | | | Occupational Therapy |
| Speech Therapy | Speech Therapy | | | Speech Therapy |
| Supported Employment | Supported Employment | | | Supported Employment |
| Residential Habilitation | | | | |
| Individualized Supported Living | | | | |
| | | | Behavior Analysis Service | Behavior Analysis Services |
| | | | | Temporary Residential |
| | | | | Career Preparation |
| | | | | Dental |
| | | | | Professional Assessment and Monitoring |
| | | | | Personal Electronic Safety Device |

Choices for Families - When families maintain members with disabilities at home, they are often confronted with challenges related to the disabilities and the resulting physical/behavioral components. These families face increased and long-term financial responsibilities; the lack of service/support providers in reasonable proximity to their homes; or the lack of knowledge, expertise, and physical capabilities to meet the treatment needs their family member requires.

Choices for Families provides funding to help meet the needs of family members with disabilities who live at home. The program works in two ways: Families pay for items and services and then submit receipts for reimbursement to their regional offices, or the families obtain vouchers from the regional offices to obtain items or services from vendors who then submit the voucher to the regional office for payment. In either case, the families choose their own providers and dictate the manner in which the services will be provided to meet their particular needs. Choices for Families can be used for many family support services for which there may not be a suitable contracted provider.

Missouri Commission on Autism Spectrum Disorders - The Missouri Commission on Autism Spectrum Disorders was established within the Department of Mental Health on June 23, 2008, with the signing into law of Senate Bill 768.

The Commission on Autism Spectrum Disorders is composed of 24 members, including four members of the state's general assembly and seven ex officio representatives from various state departments. The 13 remaining members are appointed by the governor with the advice and consent of the Senate and must include two parents of people who have autism; two persons who have an autism spectrum disorder; and providers from the educational, therapeutic, and healthcare fields.

The Commission as set forth in RSMo 633.200 is charged with developing a comprehensive statewide plan for an integrated system of training, treatment, and services for individuals of all ages with autism spectrum disorders.

Office of Autism Services - The Office of Autism Services (OAS) was established within the Division of Developmental Disabilities (DD) on June 23, 2008, with the signing into law of Senate Bill 768. The OAS provides leadership in program development for children and adults with autism spectrum disorders, establishment of program standards and coordination of program capacity.

As specified in RSMo 633.210, the OAS provides technical and administrative support to the 24-member Commission on Autism Spectrum Disorders.

Missouri's Autism Projects - in the late 1980s, Missouri families undertook a grassroots campaign aimed at obtaining services designed to address the complex needs of families and their loved ones with an autism spectrum disorder. The result of their efforts is a currently budgetary allocation of almost \$5.8 million that provides for family-centered services and providers of such to be recommended by parent committees representing five (5) geographical areas known as "Missouri Autism Projects." Established in both Missouri statute and code, Missouri Autism Projects provide funding for services aimed at assisting individuals with the autism spectrum disorder to remain in the home and integrated within their communities.

STATE- OPERATED SERVICES

Habilitation Centers - The primary mission of the Division's six habilitation centers is to provide residential services, direct care support, and treatment services to people who cannot be supported in other residential settings in the community. Each resident of the habilitation center has an individual plan that identifies services and supports needed to live successfully in the habilitation center or to return to the community.

The Division operates Southeast Missouri Residential Services in Poplar Bluff and Sikeston; Bellefontaine Habilitation Center and St. Louis Developmental Disabilities Treatment Centers, both in St. Louis; and habilitation centers in Nevada, Higginsville, and Marshall. These facilities are certified as intermediate care facilities for persons with mental retardation (ICF/MR) and collect federal Medicaid matching funds. The six habilitation centers are receiving approximately \$96.5 million in FY 2013. In FY 2011, habilitation centers served 542 individuals on campus and 201 individuals in state-operated waiver community settings.

EXPANSION OF LOCAL CASE MANAGEMENT SERVICES

The past few years have brought about unprecedented cooperation between Senate Bill 40 boards (SB40) and the Division. Because most SB40 County Boards provide or procure services for Division-eligible consumers, many of the boards have entered into contracts with DMH. These contracts allow:

- The boards and division to plan together to avoid duplication of programs;
- The use of SB40 funds as match to expand both residential and other types of priority services within counties, thereby helping to reduce waiting lists for Division services at a time when state resources are extremely limited; and
- Division has established local targeted case management services to 83 counties providing 49% of the TCM services.

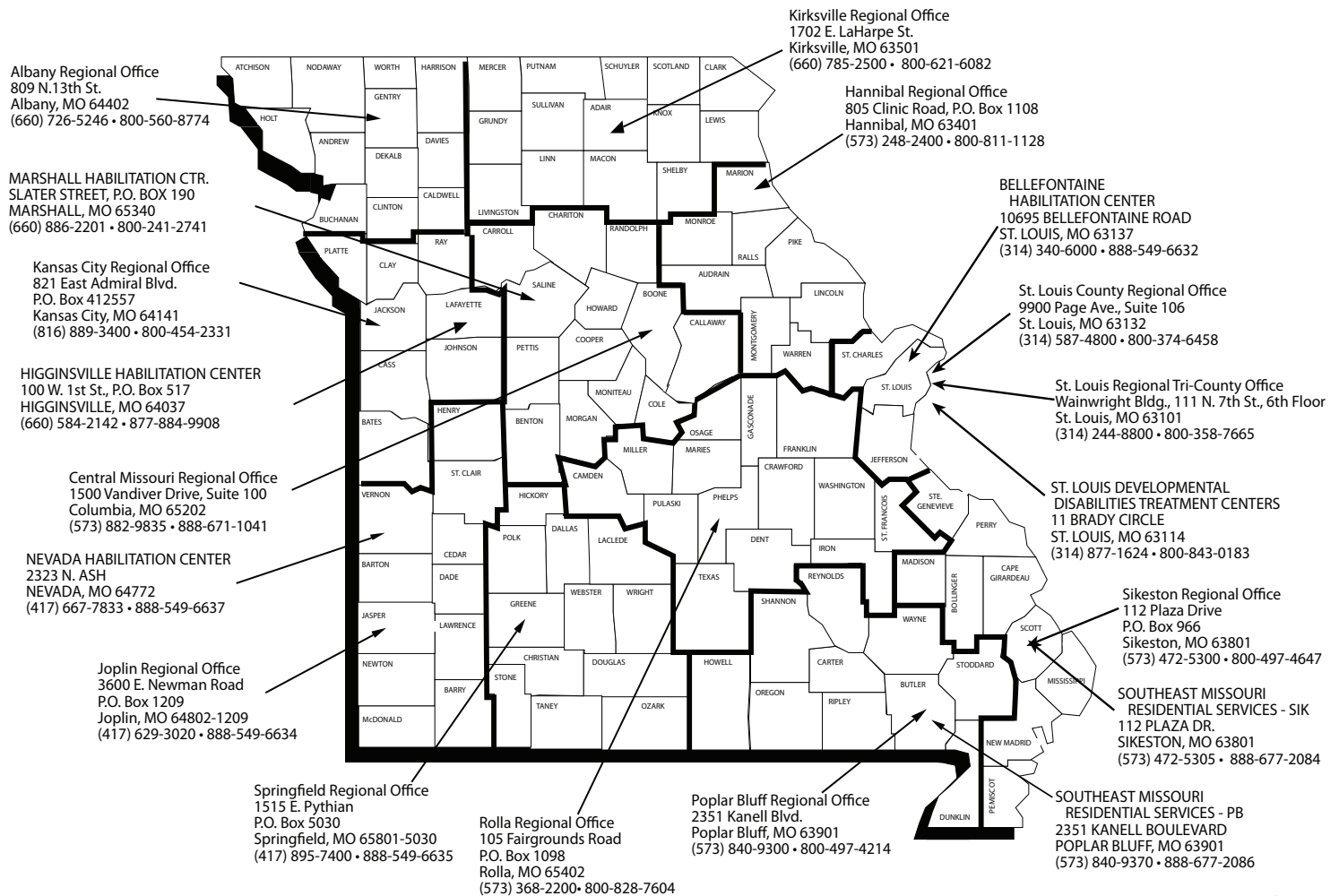
MISSOURI DEVELOP- MENTAL DISABILITIES COUNCIL

The Division receives federal developmental disabilities funds to enhance the planning for coordination and delivery of services to the state's citizens with developmental disabilities. The funds are administered by the Division and used to support the activities of the Missouri Developmental Disabilities Council, a 22-member volunteer council appointed by the Governor. The Missouri Planning Council strives to create new realities, identifies research issues, and tries new and innovative ways to generate change in the service system.

The Missouri DD Council's plan provides for

- Regional and statewide needs assessment, planning, and advocacy;
- Conducting/establishing model demonstration projects and effecting systems change;
- Increasing the level of local funding for program supports; and
- Educating policymakers through advocacy for systems change.

Division of Developmental Disabilities REGIONAL OFFICES AND HABILITATION CENTERS



03/12



Missouri Department of Mental Health
1706 East Elm St., P.O. Box 687
Jefferson City, MO 65102
573-751-4122 or 1-800-364-9687
573-526-1201 TT • 573-751-8224 Fax

www.dmh.mo.gov

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